

Worldwide Maternity Services

Disorientation, self-awareness and ongoing learning: student midwives' experiences of clinical placements in Italy

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ORIGINAL

Objective: To explore student midwives' perspectives, experiences and concerns regarding clinical placements in the Italian setting.

Design: A qualitative phenomenological study was undertaken, with data collected through semi-structured interviews and diaries. Ethical approval was obtained. Data analysis was conducted using a thematic analysis approach.

Setting: One university in Northern Italy including a midwifery undergraduate programme.

Participants: Purposeful sample of 19 third-year student midwives.

Findings: Four themes emerged from the data: a) *becoming a midwife: disorientation, self-awareness and ongoing learning*; b) *mentor as key figure*; c) *practice and theory: a 'chicken and egg' situation*; d) *clinical placements: a window on the uniqueness of the midwifery profession*. Student midwives reported a journey through different learning phases within clinical placements, from feeling disoriented while facing initial challenges in the first year of the course to having increasing awareness of their role in the second and third year of the programme. The phase of disorientation was mainly due to not being aware of the theoretical evidence behind practice, not feeling part of the team, not knowing what their role was and lack of appropriate supervision from mentors. A positive relationship with the mentor encouraged students to share perspectives and doubts, stimulating a problem solving approach. The students found it helpful when the mentor involved them in the decision making and praised them when they deserved it. A good rapport with the midwife was reported by the participants as inspiring self-confidence and cognitive enquiries; it also allowed the students to feel part of the multidisciplinary team. An overall sense of ongoing learning was still present at the end of the midwifery programme.

Key conclusions and implications for practice: Continuity of mentorship and mentors' commitment to supporting students emerged as key aspects for a positive and fruitful learning experience within practice settings. Other pivotal elements to be considered by mentors are making the students feel welcome and part of the team; orienting them on the first day of placement; allowing some time for familiarisation with the placement area and clinical policies; involving the students in the decision-making process and care planning/implementation/evaluation. Appropriate national mandatory training should be put in place for mentors to allow a more effective learning experience in practice settings for student midwives.

Keywords: Mentor, mentorship, midwifery, placement, student midwife, undergraduate.



Introduction

Undergraduate midwifery programmes are aimed at developing future midwives' competencies, with important implications on the quality of midwifery care provided within maternity services. Extensive evidence highlights the importance of providing a supportive clinical environment to facilitate teaching and learning within health care programmes (Kilminster & Jolly 2000, Clarke *et al* 2003, Lambert & Glacken 2005, Jordan & Farley 2008, Licqurish *et al* 2013). Clinical placements have been considered by student midwives as one of the most challenging issues of the course, especially due to the absence of proper guidance to translate theory into practice (Carveth *et al* 1996, Chamberlain 1997, Begley 1999). Students often report that they do not feel assisted in the decision-making process, with much of their learning taking place by observation, indirect learning and trial and error (Chamberlain 1997, Begley 1999). Meanwhile, mentors frequently express difficulties in establishing effective relationships with students when there is a lack of mentorship continuity and in facilitating mentees' learning, often based on unclear and subjective criteria (Licqurish & Seibold 2008). A number of authors agree on the substantial impact of mentors on the students' learning process and placement learning experiences (Lloyd Jones *et al* 2001, Jordan & Farley 2008, Licqurish & Seibold 2008, Andrews *et al* 2010, Hughes & Fraser 2011). However, it is still unclear whether midwives named as mentors are receiving appropriate training, which is essential in order to be able to teach how to effectively assist the students' learning into practice settings (Chamberlain 1997).

No studies have been published on students' and mentors' views of clinical placements within undergraduate midwifery programmes in Italy. Given the importance of clinical placements emphasised by the international literature, the lack of local and national guidelines highlights the need to develop tools aimed at promoting high-quality midwifery placements. To contribute to international debates on the topic, the objective of the study was therefore to explore student midwives' perspectives, experiences and concerns of clinical placements in the Italian setting.

Methods

Design

A qualitative phenomenological study was undertaken to describe phenomena as they are perceived and experienced by participants (Smith & Godfrey 2002). This study was philosophically driven by Heidegger's hermeneutic phenomenology, aiming at considering experiences from the perspective of '*being in the world*' (Heidegger 1962). In this approach, understanding is derived from the researcher's personal involvement in a reciprocal process of interpretation (fusion of horizons) with those being studied (Spence 2001). The study was conducted by

four midwives with a variety of experience in clinical, research and educational settings. Data were collected through semi-structured interviews and diaries (see section below on data collection for more details).

Setting

The study site was a university in northern Italy including a midwifery undergraduate programme. The Bachelor in Midwifery was established in Italy in 1999 (Parlamento Italiano 1999) and its duration is three years. Fifty per cent of the hours (1800) over the whole curriculum is spent on clinical placements and the majority of the students' learning in the clinical area is assigned to midwives (Ministero dell'Università e della Ricerca 2004). In regard to the organisation of the midwifery programme, while the first year is divided into two main blocks (one cycle of theory followed by one of practice), the subsequent years are based on several blocks of theory and practice throughout the teaching period. A total of 20 theoretical exams are spread over the duration of the course, with one summative assessment of practice at the end of each academic year. Objectives of clinical placements are driven by both European directives and standards set at university level. The duration of each period of placement may vary from 5–8 weeks. Clinical training takes place in the following midwifery and non-midwifery settings: labour ward, antenatal ward, postnatal ward, community, theatre, gynaecological ward and the neonatal intensive care unit. One mentor with at least one year of clinical experience is usually assigned to the student at the beginning of each clinical placement, with the role of supporting and assessing the student midwife's clinical practice. There are no mandatory or optional mentorship programmes for midwives in Italy and they are expected to be able to mentor students as part of their job role when practising in a university hospital and in linked community settings.

Recruitment

The Head of the Division of Midwifery presented the study to all the student midwives registered within the third year of the undergraduate midwifery programme ($n=20$) during an initial meeting. They were provided with an information sheet explaining what their participation would involve, and given the opportunity to ask questions. The students interested in participating were asked to provide their phone number to be contacted by the researcher after 48 hours. The researchers remained available in case of need for clarification about the study. For students that agreed to participate, a suitable time and place to gain the informed consent and conduct the interview was arranged.

Sample

Following a purposeful sampling strategy, 19 student midwives registered within the third year of the midwifery undergraduate programme were recruited. First/second year student midwives and persons not giving their consent to take part in the study were

excluded from the study. Participants were all females and aged 20 on average, with a range from 20 to 21 years. None of them had experienced any interruption within the three years' programme.

Data collection

Data were collected through semi-structured tape-recorded face-to-face interviews and diaries. Nineteen interviews were conducted and 13 diaries were received from participants (six participants did not return the diaries). According to the study aims and methodology, semi-structured interviews were used to encourage participants to share their experiences, perspectives and concerns of clinical placements. Moreover, they allowed a balance between keeping the interview open and focusing on significant aspects (Rose 1994, Rees 2011). In fact, open-ended questions enabled the exploration of required aspects to answer the research questions in-depth, allowing at the same time the flexibility to investigate further areas appropriate to the individual concerned (Rose 1994). The topics for the interviews were developed from existing evidence and agreed by all the members of the research team. The interview guide included the following topics: student's lived experience of clinical placements; student-mentor relationship; criticalities, issues and challenges met and potential resolution of these; gratification and satisfaction sources; suggestions for the improvement of clinical placements; advice for future students. The interviews were conducted by AC and RR in a private room at the university or hospital facilities. The students were also asked to write a reflective diary for a period of three months (May–July 2013), during which they were experiencing the last three placements of their midwifery course. As diaries can be used by the researcher as a method of data collection to explore an extensive range of subjective phenomena, respondents were asked to record feelings, reactions, behaviours, interactions, activities, events and past/present experiences related to clinical placements. A blank diary was provided to participants and they were free to choose when, where and how much to write. The mode of writing (electronic or manual) was also left at their discretion. The diary allowed the investigators to gain access to everyday behaviours in a quite unobtrusive way, helping to capture the immediacy of the experience while providing insights into a certain phenomenon over time (Symon 2004, Jacelon & Imperio 2005).

Data analysis

Interviews were digitally recorded, listened/re-listened to and fully transcribed. Diaries were all manually written by students and subsequently digitally transcribed. Data and quotes from both interviews and diaries were analysed jointly using a line by line thematic analysis to identify relevant themes and concepts (agreed by all team members). Data analysis was conducted in Italian in order to maintain language nuances and only relevant quotes were

translated in English for data dissemination. Data were manually coded and analysed with regular discussion of emerging themes and consensus of final interpretation of findings by all the team members.

Ethical considerations

The study protocol was approved by the local Ethics Committee. Participants' informed consents were gained prior to the students taking part in the study. Privacy, confidentiality and anonymity of data were guaranteed at any stage and participants were free to withdraw at any time.

Findings

Findings are presented as four main themes: a) *becoming a midwife: disorientation, self-awareness and ongoing learning*; b) *mentor as key figure*; c) *practice and theory: a 'chicken and egg' situation*; d) *clinical placements: a window on the uniqueness of the midwifery profession*. Quotes from both interviews (indicated as Int1, Int2, Int3 etc) and diaries (numbered as D1, D2, D3 etc) are reported to support the interpretation of data.

Becoming a midwife: disorientation, self-awareness and ongoing learning

The main thread emerging from the data analysis was that of a journey through different phases, from the students feeling disoriented while facing initial challenges to having an increasing awareness of their role within clinical placements. By the time of data collection, the students were in the final semester of the course and reported an overall sense of being still immersed into a transitional stage of competencies, achievement and development of self-confidence to become a midwife.

The majority of participants reported their initial difficulty in facing the challenges of clinical placements during the first year of the course, referring to a sense of feeling alone, disoriented, traumatised, shocked and distressed. During some placements, the students felt often like being in the mentor's way, without knowing what to do or how to behave (eg observe *versus* interact/participate); in regard to this, they reported a general sense of being left alone, without appropriate supervision:

'I think that the experience of clinical placement is generally difficult, especially at the beginning when you need to familiarise with and place yourself in the hospital environment. [...] During my first year, I was like: oh my God, it's all terrible, all the people mistreat you, and all the people ignore you' (Int2).

'The first year was really challenging because I didn't know what to pay attention to, and in some placement areas I was literally left by myself' (Int11).

In caring for childbearing women, the participants described their struggle to try to keep a balance between performing practical tasks and establishing a trusting relationship with the person:

'It was really difficult to pay attention to the relationship [with the woman] and communication and the same time maintain a mental order on practical actions. I am realising that at the beginning I was not considering the emotional support at all' (Int1).

The participants recognised some similarities between their initial experiences of clinical placements and the ones of current first year midwifery students. In particular, they referred to having a lack of space/time/control, being in a state of uncertainty and behaving in a ridiculous and passive way that might be negatively evaluated by the mentor. The participants went through an ongoing reconsideration of their approach as student midwives within clinical placements, reflecting in particular on being increasingly proactive and less passive in their learning process.

The overarching question of students at the beginning of the course was: *what is my role?* In order to help students to understand their role, one of the participants suggested that specific goals of clinical placements should be defined, with a clear differentiation in relation to the year of the programme:

'More specific objectives should be proposed, especially for first year students. It's not possible to have identical objectives during the first and third year' (Int19).

The findings highlighted that the initial feeling of disorientation described above subsequently left space for a greater self-awareness of the students' role towards the second and third years of the course:

'My attitude towards clinical placements changed over the midwifery course. Being in my third year, I think that now I am more aware of what to say and how to say it' (Int1).

The participants described a growing awareness of their role; an overall sense of ongoing learning was underlined in regard to the achievement of competences and self-confidence to become a qualified midwife:

'I am gaining more and more confidence in myself. Even though I feel more at ease now [...], I recognise I still have a lot to learn both in theory and practice' (D4).

'Yesterday I was supervised by a newly qualified midwife [...]. I will be a midwife like her soon [...] and I wonder whether I will be able to do it' (D13).

Although the interviewed students were approaching the end of their midwifery programme, they expressed their insecurity in meeting the requirements that are required to be a midwife. They anticipated that this perceived gap may be filled while practising as midwives:

'I am at the end of the midwifery course, so I am almost a midwife. This means I should be autonomous in my decision making. Will I be really able to do it? I don't know why but I don't feel ready as I wish or other people may expect. I feel like I still have much to learn, and I hope this will come with the time and experience' (D5).

Mentor as key figure

The participants highlighted the importance of being in a friendly and encouraging learning environment. All the participants referred to the significance of the role of the mentor. Having a good mentor that put the student at ease was considered one of the key points in learning quickly and effectively. A positive relationship with the mentor encouraged the students to share their perspectives and doubts, stimulating a problem solving approach. The students found it helpful when the mentor involved them in the decision making and praised them when they deserved it. A good rapport with the midwife was reported by the participants as a facilitator of clinical education, inspiring self-confidence and cognitive enquiries; it also allowed the students to feel part of the multidisciplinary team, helping them to better understand their role alongside other health care professionals' responsibilities:

'Instead of telling me to perform mechanical actions, I loved when the mentor asked me "What would you do in this situation?". The answer was not simple at all, but it was really helpful to reflect together on the clinical case' (Int3).

'Ideally, the student should be involved in the whole caring process. The midwife works in [a] team and the student should be considered as part of this team as well. This could help the student to become more self-confident in her abilities' (Int13).

Conversely, the mentor's negative behaviour caused feelings of distress and reticence, limiting therefore the learning process. Being seen as a *factotum*, feeling ignored and not understood were considered by the students as demoralising factors:

'If the only things I do are the ones I am told by the midwife, I will never be able to develop a mental scheme on how effectively making a decision. This is the reason why sometimes I don't bring home what I would like from the shifts' (Int1).

In regard to the mentor's role, other central points described by the students were continuity of mentorship and the enthusiasm/motivation of the mentor in supervising students. Moreover, the participants underlined the importance for the midwives of being informed and trained about their responsibilities as mentors. Examples of these are being aware of the learning outcomes to be achieved by students and providing mentees with constructive formative and summative feedback (going beyond the assigned mark).

Practice and theory: a 'chicken and egg' situation

The participants felt unprepared during first year placements as they attended practice before receiving teaching sessions on midwifery-related topics. The majority of the students interviewed would have preferred to study the theoretical foundations for practice before entering the clinical placements block

during year one. This was mainly justified by the importance of having a valid process of self-reflection to understand better the rationale behind actions and refer to evidence-based practice:

'In my opinion, theory and practice should be done in this order. It is disorienting when you need to do something and you don't have the basics. You are not even able to ask the correct questions to the mentor or to reflect on it. There should always be a rationale behind what you do, and not knowing the theory doesn't help' (Int4).

'I think that going into placements without the theory was an obstacle to our learning [...] because you inevitably miss some crucial and important bits' (Int15).

Some of the students proposed different options to combine theoretical knowledge and clinical practice. Some of them suggested the possibility of attending lessons in the first half of the course and placements during the second half. Other students considered the option of starting each academic year with theory to be followed by placements; both pertained to detailed objectives and competencies required during the specific stage of the course:

'I would suggest a year and a half of lessons and a year and a half of placements. Looking at my last few experiences of placements, mentors were more willing to supervise me because I had the knowledge and I was therefore able to interact with them' (Int6).

One of the students wrote in her reflective diary that her last placement was the most effective and productive, probably because of the theoretical knowledge developed during the entire midwifery programme:

'I think this is the most effective placement of the three years, I am learning a lot. This may be due to the fact that now I have all the knowledge I need to have a good eye in practice' (D3).

Clinical placements: a window on the uniqueness of the midwifery profession

The students described clinical placements as meaningful experiences that guided them towards the 'midwifery world'. They generally considered the university programme as a window on the uniqueness of the midwifery profession. The participants acknowledged that embarking on the course changed their life, agreeing on the fact that becoming a midwife is an innate vocation more than a 'normal' job:

'This university course changed my life. From the first day I fed myself on midwifery. I will not be a woman with a normal job. I will be a midwife, and I will be a midwife beyond the working shifts. A midwife is a midwife with her family, with her friends, while she is cooking.

I don't know, probably only another midwife can understand me' (D2)

Among clinical placements, the students were required to complete at least two caseloads during the third

year. The participants considered this as one of the most positive and meaningful educational moments of the programme, as it allowed them to establish a trusting relationship with the childbearing woman, from the early pregnancy to the postnatal period:

'The caseloading was a unique experience. You realise that you can make the difference for that woman because she shares with you her worries and concerns during pregnancy. At the moment of the birth you can really help her because you know her' (Int2).

One participant reflected in her diary on the transition between the student and midwife's role, highlighting the importance of maintaining the same enthusiasm and passion when qualifying as a midwife despite the business of the working environment:

'This last placement was really helpful, maybe because I am at the end of the journey and these were my last occasions to see the midwifery world from a student's perspective, characterised by naivety, wonder and reduced responsibilities. As student, I lived in a world of emotions and feelings that a midwife should never lose but that are undermined by the business of the working environment' (D3).

Discussion

This study explored student midwives' experiences of clinical placements within one midwifery undergraduate programme in Italy for the first time. Given the lack of knowledge in the literature about the topic in the Italian setting, the findings of this study are a first step towards the development and implementation of strategies to promote excellence in midwifery education at both local and national levels. Although this was a small qualitative study conducted in one midwifery course and only one cohort of students was recruited, the data presented contribute to contemporary international debates on the quality and effectiveness of practice placements and midwifery mentorship. The utilised methodology allowed the provision of some useful insights into the factors that student midwives consider important in terms of confidence building within clinical practice throughout the programme.

The phase of disorientation experienced by the students at the beginning of the course was mainly due to the following factors: not being aware of the theoretical evidence behind practice; not feeling part of the multidisciplinary team; not knowing what their role was as students (with uncertainty between being proactive or observing) and lack of appropriate supervision from mentors at times. Similarly, existing literature evidence highlights that health care students may feel overwhelmed and unsupported, especially during practice placements (Green & Baird 2009, McCall *et al* 2009). The first stage of disorientation was typically followed by the students' evaluation and self-reflection on their role throughout the second and third year of the course. This was a building stage as

new values, learning strategies and solutions to difficulties were sought, for instance being more proactive within the multidisciplinary team in the clinical environment (Carolan-Olah *et al* 2014).

An overall sense of ongoing learning was still present towards the end of the midwifery programme. The predominant uncertainty of the students was: *will I be able to be an autonomous midwife?* The concept of confidence in final year midwifery students is an interesting one to consider and participants in this study expressed opposed feelings, from the excitement of soon becoming a qualified midwife and the uncertainty in regard to the responsibility that the professional role requires. These findings are consistent with other studies where midwifery graduates are generally judged fit to practise but considered to lack confidence in their transitional role (Butler *et al* 2008, Donovan 2008, Skirton *et al* 2012). Although confidence is explored in the literature as distinctly different from competence (Skirton *et al* 2012), the development of confidence should be considered as an important component of professional development, in terms of fostering independence and self-reliance; confidence appears to be related to supported decision making and reinforcement, and aided by positive feedback and praise. Transition into a supportive workplace is crucial to the process of confidence building (Hughes & Fraser 2011, Clements *et al* 2012, Skirton *et al* 2012). Our research findings and literature evidence highlight that case-holding might be an efficient educational strategy to strengthen students' confidence as it recognises the complexity of midwifery attributes and is expected to facilitate the development of all areas of midwifery care (Lewis *et al* 2008, Rawnsdon 2011) including evidence-based knowledge, clinical competencies, professional attributes, personal qualities and communication skills throughout the childbearing event.

Conclusion and implications for practice

The exploration of student midwives' perspectives proposed in this study provides an understanding of the challenges/issues encountered during clinical placements and factors that may contribute to positive experiences and integration into the profession. Although this was a relatively small qualitative study, implications for midwifery education are developed in line with issues highlighted by international authors around the topic. Recommendations for practice can be applied to similar settings in the international panorama.

Continuity of mentorship and mentors' commitment to supporting students emerged as key aspects for a positive and fruitful learning experience within practice settings. Other pivotal elements to be considered by mentors are making the students feel welcome and part of the team, orienting them on the first day of placement, allowing some time for familiarisation with the placement area and clinical

policies/guidelines, involving the students in the decision-making process and care planning/implementation/evaluation. This latter point not only encourages students to strengthen critical reflection skills and to link theory to practice (and vice versa), but also helps the development of an increasing awareness of their present role as student midwives and the building of their professional identity as future qualified midwives. Following the example of other European countries (eg United Kingdom), appropriate mandatory training is suggested for all mentors to allow a more effective learning experience in practice settings for student midwives.

Suggestions for future research include the investigation of midwifery mentors' perspectives of their role within clinical placements in Italian higher education settings. Multi-centred action research at national level with both student midwives and mentors is suggested as a first step to identify shared issues within the Italian panorama and implement strategies to improve the overall quality of clinical placement experiences offered to students.

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